

**Thompson Falls Public Schools  
Teacher Application**

**Instructions and Information**

Please complete all pages of the application fully. Furnishing information on the application is mandatory unless otherwise stated. Do not complete the application by stating “see attached resume.”

- The following application material must be submitted to be considered:
  1. A completed Application Form.
  2. A cover letter.
  3. Three (3) letters of professional reference OR
  4. Your university placement file
  5. A copy of your transcripts
  6. A copy of your current certificate or date applied for certification.
- Application materials may be submitted in person, by mail, or by email.
- Application and supporting materials will not be returned.
- Background checks will be performed on all candidates. The Disclosure and Authorization to Release Information form and Affirmative Action Information will be kept separate and apart from the application during the screening process.

**Submit completed applications to:**

**Human Resources Dept**  
Thompson Falls School District  
206 Haley Ave W  
Thompson Falls, MT 59873  
tfclerk@tfalls.org

**PLEASE TYPE OR PRINT CLEARLY USING A PEN**

Today's Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you hold a valid teaching certificate? *If no, please give details in your letter of application.*

Montana \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Email: \_\_\_\_\_

**Please answer the following questions:**

1. Do you have the legal right to work in the United States?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are you able with or without reasonable accommodation to perform the functions of the job for which you are applying?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Have you ever been released or discharged from employment or resigned to avoid such release or discharge?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. Include the date of discharge or resignation and the reason for discharge or resignation. Attach additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I hereby certify that (check the applicable box and provide the information requested):

- ☐ I have not pleaded guilty to or have been convicted of any violation of criminal law, including criminal convictions resulting from a deferred sentence or a plea of nolo contendere/ no contest (minor traffic offenses excepted).
- ☐ I have pleaded guilty to or have been convicted of at least one violation of criminal law. **Please attach and sign a complete description of the circumstances surrounding such conviction.** (This may not necessarily disqualify a person from consideration from employment.)

### **Employment Record**

*List your complete employment history, with your most recent employment first. Describe your employment history, accounting for all positions held, including student teaching. You may include volunteer and paid experience. You may attach additional pages for more jobs/information.*

**Do you wish to be notified before we contact your current or previous employers?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

#### **Most Recent:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates in position: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **Past Employer:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates in position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past Employer:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates in position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past Employer:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates in position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past Employer:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates in position: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Reasons for Leaving** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

*Please list current information for five references below. Individuals listed below should be other than those who have submitted written letters of reference.*

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone (home and work)</u>
1			
2			
3			
4			
5			

## EDUCATIONAL HISTORY

Highest Degree Earned: \_\_\_\_\_

**List all undergraduate and graduate colleges from most recent to least recent attendance. Include copies of transcripts (unofficial is acceptable) for each institution attended.**

[illegible]

**Total Number of Years You Have Served As:**

**A Teacher:** \_\_\_\_\_

**A Coach:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**List Occupation:** \_\_\_\_\_

**Do you have any special abilities or talents you may want to sponsor or coach? (i.e., drama, music, sports, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

### **Equal Opportunity Employer**

The Thompson Falls School District prohibits discrimination against or harassment of any person employed by or seeking employment with the school district because of race, creed, religion, color, political affiliation or national origin or because of age, physical or mental disability, marital status, or gender distinction. People of disability may request reasonable accommodation in the hiring process by contacting the school district personnel office.

### **Proof of Employability, TB Test**

Any applicant chosen for employment must be able to produce a social security card, driver's license, or some other acceptable form of certification of employment eligibility in the United States pursuant to Form I-9 of the U.S. Department of Justice.

### **Drug Free/Tobacco Free Policies**

The school district is a drug and tobacco free school and, as such, requires all employees to adhere to specific drug free and tobacco free policies.

**All statements and information provided within this application and its attachments, if any, are true and complete. I understand that omission or misrepresentation of material fact or altering this application form may result in refusal of or separation from employment.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## EMPLOYMENT PREFERENCE FORM

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Job Title: \_\_\_\_\_

To claim preference under the Montana Veterans' Employment Preference Act, complete the following. Providing information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the district will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicants score when a numerically scored selection procedure is used. Whenever a public employer uses a selection procedure other than a second procedure, the public employer shall give preference to a disabled veteran, eligible relative, or veteran, in that order over any nonpreferred applicant holding substantially equal qualifications.
2. To claim Veterans' Employment Preference, you must be a U.S. Citizen and:

A Veteran, if

1. You have been separated under honorable conditions; and
2. You have served more than 180 consecutive days of active duty other than for training in the Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

A Disabled Veteran, if

1. You have been separated under honorable conditions from active duty; and
2. You have an established Armed Forces service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The un-remarried spouse of a veteran or disabled veteran.

The mother of a veteran, if

1. THE VETERAN died under honorable conditions while serving in the Armed Forces; OR THE VETERAN has a service-connected, permanent, and total disability.
2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unmarried widow of the father of the Veteran.

3. Check the attachment you have included to document the preference request.

☐ \_\_\_\_\_ DD-214

☐ \_\_\_\_\_ Other

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **AFFIRMATIVE ACTION INFORMATION – OPTIONAL**

Providing this information is strictly on a voluntary basis. State law requires that employers keep records on the race and sex of applicants and employees to facilitate the enforcement of equal employment opportunity laws. This statement will be filed separately from all other records during the application screening process. As required by state law, it will be available only to the school district personnel department and federal/state employment enforcement officers.

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_



# Thompson Falls School District

## Applicant Rights and Consent to Fingerprint

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>8</sup> by Thompson Falls School District that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>9</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>10</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at [dojitsdpublicrecords@mt.gov](mailto:dojitsdpublicrecords@mt.gov) or 406-444-3625.

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency.*

Signed:

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Name

---

Date

<sup>8</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>9</sup> See 28 CFR 50.12(b).

<sup>10</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## NCPA/VCA Applicants

To Applicants:

You are applying for employment with, will be working in a volunteer position with, or will be providing vendor or contractor services to Thompson Falls School District for the position of (please be specific)

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

1. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
2. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
3. Prior to the completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

The entity shall access and review State and Federal criminal history records and shall make reasonable efforts to make a determination whether you have been convicted of, or are under pending indictment for, a crime that bears upon your fitness and shall convey that determination to the qualified entity. The entity shall make reasonable efforts to respond to the inquiry within 15 business days.

Your Name: \_\_\_\_\_

First  
Last

Middle

Maiden

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

☐

I have been convicted of, or am under pending indictment for, the following crimes [include the dates, location/jurisdiction, circumstances and outcome]:

☐

I have not been convicted of, nor am I under pending indictment for, any crimes

☐

I authorize Montana Department of Justice, Criminal Records and Identification Services Section to disseminate criminal history record information to Thompson Falls School District.

Signature of Applicant \_\_\_\_\_